AMIODARONE

EMSAC AUGUST 2026

ACTION (Antiarrhythmic)

- Antiarrhythmic that slows conduction and lengthens the cardiac action potential resulting in suppression of ventricular and supraventricular tachycardias.
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INDICATIONS

- Cardiac Arrest: shock-refractory Ventricular fibrillation (VF) and ventricular tachycardia (VT) ~~without a pulse~~
- Hemodynamically unstable VT, after attempt at cardioversion
- Stable VT~~ventricular tachycardia~~

CONTRAINDICATIONS

- Known allergy to amiodarone or iodine
- ~~Cardiogenic shock~~
- Sinus node dysfunction or sinus bradycardia
- 2nd or 3rd degree AV block (without pacemaker)
- ~~Known hypersensitivity from past exposure~~

PRECAUTION

- Known long QT syndrome (congenital or acquired)

POTENTIAL SIDE EFFECTS

- ~~May prolong~~ QT interval prolongation
- ~~May cause~~ Hypotension

ADULT DOSE/ROUTE

→ **CARDIAC ARREST – refractory VF/VT**: 300 mg rapid~~slow~~ IVP or IO bolus. Repeat 150 mg slow IVP or IO bolus if rhythm persists.

→ **VT with pulse**: Inject 150 mg of Amiodarone into 100ml of D5W. Run with target goal of infusing 100 ml over 10 minutes

PEDIATRIC DOSE/ROUTE (≤ 14 years of age, ≤ 40kg, whichever comes first)

→ **CARDIAC ARREST – refractory VF/VT**: 5 mg/kg IVP or IO bolus. Maximum first dose 300 mg. Repeat 2.5mg/kg IVP or IO (maximum dose 150mg) if rhythm persists.

NOTES:

- In cardiac arrest, push rapidly as a bolus; in patients with a pulse, infuse slowly over 10 minutes to minimize hypotension.
- Place cardioversion/defibrillator pads in place before administration
- Flush tubing with NS between dosages
- ~~Signs of **Amiodarone** toxicity include hypotension, 3rd degree AV block and prolonged QT interval.~~
- ~~Do not use **Amiodarone** in the presence of underlying atrial fibrillation, atrial flutter, bradycardia with ventricular escape beats, or other conduction defect (2nd or 3rd degree~~

~~AV block).~~